Case 13-15520-RGM Doc 15 Filed 01/04/14 Entered 01/04/14 15:46:24 Desc Main Document Page 1 of 37

B 6 Summary (Official Form 6 - Summary) (12/13)

# **United States Bankruptcy Court Eastern District of Virginia**

In re	Gail Katherine Shanta		Case No <b>13-</b> 1	15520	
•		Debtor			
			Chapter	13	
			•		

### SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	1,240,000.00		
B - Personal Property	Yes	3	14,060.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	2		2,013,379.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		2,000.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	2		34,171.00	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			6,880.00
J - Current Expenditures of Individual Debtor(s)	Yes	2			6,185.00
Total Number of Sheets of ALL Schedu	ıles	17			
	To	otal Assets	1,254,060.00		
			Total Liabilities	2,049,550.00	

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B 6 Summary (Official Form 6 - Summary) (12/13)

## United States Bankruptcy Court Eastern District of Virginia

In re	Gail Katherine Shanta		Case No.	13-15520
-		Debtor	,	
			Chapter	13

## STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C.§ 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	2,000.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	0.00
Student Loan Obligations (from Schedule F)	0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	0.00
TOTAL	2,000.00

#### State the following:

Average Income (from Schedule I, Line 12)	6,880.00
Average Expenses (from Schedule J, Line 22)	6,185.00
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	3,875.00

#### State the following:

Total from Schedule D, "UNSECURED PORTION, IF ANY" column		773,379.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	2,000.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		0.00
4. Total from Schedule F		34,171.00
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		807,550.00

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B6A (Official Form 6A) (12/07)

In re	Gail Katherine Shanta		Case No	13-15520	
		Debtor			

#### **SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
3711 McLean Avenue, Fairfax, VA 22030	Fee Simple	-	400,000.00	641,014.00
3622 Chain Bridge Rd., Fairfax, VA 22030	Fee Simple	-	400,000.00	792,365.00
1099 Braxton Avenue, Front Royal, VA	Fee Simple	-	140,000.00	180,000.00
45799 Mountain Pine Square, Sterling, VA 20164	Fee Simple	-	300,000.00	400,000.00

Sub-Total > 1,240,000.00 (Total of this page)

1,240,000.00 Total >

**0** continuation sheets attached to the Schedule of Real Property

(Report also on Summary of Schedules)

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B6B (Official Form 6B) (12/07)

In re	Gail Katherine Shanta		Case No	13-15520	
_		Debtor			

#### SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

	Type of Property	N O N Description and Location of Propert E	Joint, or	Current Value of Debtor's Interest in Property without Deducting any Secured Claim or Exemption
1.	Cash on hand	Cash on hand	-	30.00
2.	Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.	Checking & Savings Accounts w/ Navy FCU	-	2,000.00
3.	Security deposits with public utilities, telephone companies, landlords, and others.	X		
4.	Household goods and furnishings, including audio, video, and computer equipment.	Dining Set, Tables, Chairs, Beds, Dressers, TV, Electronics, Sofas, Lamps, Living Room Furniture, Bedroom Furniture, Small Household Appliances & Housewares	-	4,250.00
5.	Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	Books, Pictures, Small Household Items	-	120.00
6.	Wearing apparel.	Debtors' Clothing	-	650.00
7.	Furs and jewelry.	x		
8.	Firearms and sports, photographic, and other hobby equipment.	X		
9.	Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X		
10.	Annuities. Itemize and name each issuer.	x		
			Sub-Tota (Total of this page)	al > 7,050.00

2 continuation sheets attached to the Schedule of Personal Property

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B6B (Official Form 6B) (12/07) - Cont.

In	re Gail Katherine Shanta			Case No	o. <u>13-</u>	15520
			Debtor			
	:	SCF	IEDULE B - PERSONAL PROPE (Continuation Sheet)	RTY		
	Type of Property	N O N E	Description and Location of Property	,	usband, Wife, Joint, or mmunity	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
11.	Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	х				
12.	Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X				
13.	Stock and interests in incorporated and unincorporated businesses. Itemize.	X				
14.	Interests in partnerships or joint ventures. Itemize.	X				
15.	Government and corporate bonds and other negotiable and nonnegotiable instruments.	X				
16.	Accounts receivable.	X				
17.	Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X				
18.	Other liquidated debts owed to debtor including tax refunds. Give particulars.		ederal & State Income Tax Refunds		-	10.00
19.	Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X				
20.	Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X				
21.	Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X				

Sheet <u>1</u> of <u>2</u> continuation sheets attached to the Schedule of Personal Property

10.00

Sub-Total >

(Total of this page)

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B6B (Official Form 6B) (12/07) - Cont.

In re Gail Katherine Shanta Case No. 13-15520	
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Debtor

## **SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

	Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
22.	Patents, copyrights, and other intellectual property. Give particulars.	Х			
23.	Licenses, franchises, and other general intangibles. Give particulars.	Х			
24.	Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25.	Automobiles, trucks, trailers, and other vehicles and accessories.	X			
26.	Boats, motors, and accessories.	X			
27.	Aircraft and accessories.	X			
28.	Office equipment, furnishings, and supplies.	X			
29.	Machinery, fixtures, equipment, and supplies used in business.	Harp, Piano		-	7,000.00
30.	Inventory.	X			
31.	Animals.	X			
32.	Crops - growing or harvested. Give particulars.	X			
33.	Farming equipment and implements.	X			
34.	Farm supplies, chemicals, and feed.	X			
35.	Other personal property of any kind not already listed. Itemize.	Х			

| Sub-Total > 7,000.00 | (Total of this page) | Total > 14,060.00

Sheet **2** of **2** continuation sheets attached to the Schedule of Personal Property

(Report also on Summary of Schedules)

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B6C (Official Form 6C) (4/13)

In re	Gail Katherine Shanta		Case No	13-15520
_		Debtor		

### SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:

(Check one box)

11 U.S.C. §522(b)(2)

11 U.S.C. §522(b)(3)

Check if debtor claims a homestead exemption that exceeds \$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Real Property 3711 McLean Avenue, Fairfax, VA 22030	Va. Code Ann. § 34-4	10.00	400,000.00
3622 Chain Bridge Rd., Fairfax, VA 22030	Va. Code Ann. § 34-4	10.00	400,000.00
1099 Braxton Avenue, Front Royal, VA	Va. Code Ann. § 34-4	10.00	140,000.00
45799 Mountain Pine Square, Sterling, VA 20164	Va. Code Ann. § 34-4	10.00	300,000.00
Cash on Hand Cash on hand	Va. Code Ann. § 34-4	30.00	30.00
Checking, Savings, or Other Financial Accounts, C Checking & Savings Accounts w/ Navy FCU	ertificates of Deposit Va. Code Ann. § 34-4	2,000.00	2,000.00
Household Goods and Furnishings Dining Set, Tables, Chairs, Beds, Dressers, TV, Electronics, Sofas, Lamps, Living Room Furniture, Bedroom Furniture, Small Household Appliances & Housewares	Va. Code Ann. § 34-26(4a)	4,250.00	4,250.00
Books, Pictures and Other Art Objects; Collectibles Books, Pictures, Small Household Items	S Va. Code Ann. § 34-4	120.00	120.00
Wearing Apparel Debtors' Clothing	Va. Code Ann. § 34-26(4)	650.00	650.00
Other Liquidated Debts Owing Debtor Including Tag Federal & State Income Tax Refunds	<u>x Refund</u> Va. Code Ann. § 34-4	10.00	10.00
Machinery, Fixtures, Equipment and Supplies Used Harp, Piano	<u>l in Business</u> Va. Code Ann. § 34-26(7) Va. Code Ann. § 34-4	7,000.00 10.00	7,000.00

Total:	14.110.00	1.254.060.00

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B6D (Official Form 6D) (12/07)

In re	Gail Katherine Shanta			Case No	13-15520	
		Debtor	-,			

### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R		DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGEN	N   1   5   1   1   1   1   1   1   1   1		AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No.  Carrington Mortgage 450 American St Simi Valley, CA 93065		-	Mortgage 45799 Mountain Pine Square, Sterling, VA 20164	T	A T E D			
A (N	4	-	Value \$ 300,000.00	Н	_	4	400,000.00	100,000.00
Account No.  Chase Po Box 24696 Columbus, OH 43224		_	Second Mortgage 3622 Chain Bridge Rd., Fairfax, VA 22030					
Account No.	+	_	Value \$ 400,000.00  Mortgage	Н	+	+	92,365.00	92,365.00
Penny Mac P.O. Box 514387 Los Angeles, CA 90051-4387		_	3711 McLean Avenue, Fairfax, VA 22030					
			Value \$ 400,000.00				589,000.00	189,000.00
Account No.  Select Portfolio P.O. Box 65250 Salt Lake City, UT 84165		_	Mortgage 3622 Chain Bridge Rd., Fairfax, VA 22030					
			Value \$ 400,000.00				700,000.00	300,000.00
continuation sheets attached	_		S (Total of th	ubto nis p		$\int$	1,781,365.00	681,365.00

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 $B6D\ (Official\ Form\ 6D)\ (12/07)$  - Cont.

In re	Gail Katherine Shanta		Case No	13-15520	 
_		Debtor			

## SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS (Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B T O R	Hu H W	sband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONT_NGEN	DZ LL QD LD A F	ISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No.			PMSI	] T	A T E D			
Select Portfolio Servicing P.O. Box 551170 Jacksonville, FL 32255		-	1099 Braxton Avenue, Front Royal, VA		D			
			Value \$ 140,000.00	1			180,000.00	40,000.00
Account No.			Second Mortgage	T		П		,
Wach/rec Po Box 50014 Roanoke, VA 24040		-	3711 McLean Avenue, Fairfax, VA 22030					
			Value \$ 400,000.00				52,014.00	52,014.00
			Value \$					
Account No.			Value ©					
Account No.	$\dashv$	$\vdash$	Value \$	╁	_	Н		
Account NO.			Value \$					
Sheet 1 of 1 continuation sheets at Schedule of Creditors Holding Secured Clair		d to	S (Total of t	Subt			232,014.00	92,014.00
			(Report on Summary of Sc		ota lule		2,013,379.00	773,379.00
			· · ·					

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B6E (Official Form 6E) (4/13)

In re	Gail Katherine Shanta		Case No	13-15520	
_		<del>,</del>			
		Debtor			

#### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be eled

liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated."
"Disputed." (You may need to place an "X" in more than one of these three columns.)  Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.
Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.
Report the total of amounts <u>not</u> entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.
☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.
TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)
☐ Domestic support obligations
Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).
☐ Extensions of credit in an involuntary case
Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).
☐ Wages, salaries, and commissions
Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).
☐ Contributions to employee benefit plans
Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).
☐ Certain farmers and fishermen
Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).
☐ Deposits by individuals
Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).
■ Taxes and certain other debts owed to governmental units
Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).
☐ Commitments to maintain the capital of an insured depository institution
Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).
☐ Claims for death or personal injury while debtor was intoxicated
Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. $\S$ 507(a)(10).

<sup>\*</sup> Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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B6E (Official Form 6E) (4/13) - Cont.

In re	Gail Katherine Shanta		Case No	13-15520
_		Debtor		

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Taxes and Certain Other Debts Owed to Governmental Units

TYPE OF PRIORITY UNLIQUIDATED CODEBTOR Husband, Wife, Joint, or Community AMOUNT NOT ENTITLED TO PRIORITY, IF ANY CREDITOR'S NAME, ONTINGENT S P U T E D AND MAILING ADDRESS Н DATE CLAIM WAS INCURRED **AMOUNT** INCLUDING ZIP CODE, W AND CONSIDERATION FOR CLAIM OF CLAIM AMOUNT ENTITLED TO PRIORITY C J AND ACCOUNT NUMBER (See instructions.) 2012 Account No. **Income Taxes** Internal Revenue Service 0.00 P.O. Box 21126 Philadelphia, PA 19114-0326 2,000.00 2,000.00 Account No. Account No. Account No. Account No. Subtotal 0.00 Sheet <u>1</u> of <u>1</u> continuation sheets attached to (Total of this page) Schedule of Creditors Holding Unsecured Priority Claims 2,000.00 2,000.00 Total 0.00 (Report on Summary of Schedules) 2,000.00 2,000.00

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R6F	(Official	Form	6F)	(12/07)

In re	Gail Katherine Shanta		Case No	13-15520
		Debtor		

### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME,	C	Н	usband, Wife, Joint, or Community	C	U	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	J M H		NT I NG E N	L I QU I DAT		AMOUNT OF CLAIM
Account No. xxxxxxxxxxxx1804			Opened 10/01/09 Last Active 6/07/13 Collection - Shoppers Charge	Ť	T E D		
Admin Recovery Llc 45 Earhart Dr., Ste 102 Williamsville, NY 14221		_	Concension Chappers Charge				650.00
Account No. xxxxxxxxxxx7943			Opened 8/07/07 Last Active 9/14/13 Credit Card				333.03
American Express Po Box 3001 16 General Warren Blvd Malvern, PA 19355		_					5,294.00
Account No. xxxxxxxxxxxx1718  Capital 1 Bank Attn: Bankruptcy Dept. Po Box 30285 Salt Lake City, UT 84130		_	Opened 4/01/02 Last Active 2/02/09 Credit Card				18,598.00
Account No. xxxxxxxxxxxxx8574  Citibank Usa Citicorp Credit		_	Opened 11/01/06 Last Active 9/02/09 Charge Account				
Services/Attn:Centralize Po Box 20507 Kansas City, MO 64195							9,287.00
_1 continuation sheets attached		<u> </u>	(Total o	Sub f this			33,829.00

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B6F (Official Form 6F) (12/07) - Cont.

In re	Gail Katherine Shanta		Case No	13-15520	
_		Debtor			

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

	1 -	_		1.	1	-	1
CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community		l U	ΙP	
MAILING ADDRESS	Ď	н	DATE CLAIM WAS INCURRED AND	N	UNLI	S	
INCLUDING ZIP CODE,	B	w	CONSIDERATION FOR CLAIM. IF CLAIM	H.	Q	Įΰ	
AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C	IS SUBJECT TO SETOFF, SO STATE.	G	QU <sub>I</sub>	Ė	AMOUNT OF CLAIM
(See histractions above.)	R	ľ		CONTINGENT	D A	D	
Account No. xxxxxx0064			Opened 12/01/12	Т	DATED		
	1		Collection - Cox Communications Chantilly		Ď		
Credit Control Corp	l		•				]
11821 Rock Landing Drive	l	-					
Newport News, VA 23606	l						
1	l						
	l						342.00
							342.00
Account No.							
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Account No.				T	T		
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	]						
Sheet no1 of _1 sheets attached to Schedule of				Sub	tota	1	
Creditors Holding Unsecured Nonpriority Claims			(Total of				342.00
Creations froming Onsecuted Nonphority Claims			(Total of				
				7	ota	ıl	
			(Report on Summary of So	chec	lule	s)	34,171.00

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B6G (Official Form 6G) (12/07)

In re	Gail Katherine Shanta		Case No	13-15520	
_		Debtor	,		

## SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

■ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract. Case 13-15520-RGM Doc 15 Filed 01/04/14 Entered 01/04/14 15:46:24 Desc Main Document Page 15 of 37

B6H (Official Form 6H) (12/07)

In re	Gail Katherine Shanta		Case No.	<u> 13-15520</u>	
_		<del>,</del>			
		Debtor			

#### **SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

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	in this i <del>nformati</del>	on to identify your ca	2001				1			
	otor 1	Gail Katherii								
	otor 2 ouse, if filing)									
Uni	ted States Bank	ruptcy Court for the	: EASTERN DISTRICT	OF VIRGINIA						
	se number nown)	13-15520		-			Check if this is  An amend  A supplem	ed filing ent showin		n chapter
$\bigcirc$	fficial For	m B 6I							ollowing date:	
		l: Your Inco	ome				MM / DD/`	/YYY		12/13
spo	use. If you are s	separated and you	are married and not fili r spouse is not filing w On the top of any additi	ith you, do not inclu	ıde infor	mati	on about your sp	ouse. If m	ore space is	needed,
1.	Fill in your er information.	mployment		Debtor 1			Debtor	2 or non-fi	iling spouse	
	If you have mo attach a separ information ab		Employment status	■ Employed □ Not employed			■ Emp	oyed mployed		
	employers.		Occupation	Self-Employed Musician			Retired	1		
	Include part-tii self-employed	me, seasonal, or work.	Employer's name	Self Employed I	Musicia	n				
	Occupation m or homemake	ay include student r, if it applies.	Employer's address	Touch of Elega	nce					
			How long employed t	here? 12 Year	rs					
Par	t 2: Give	Details About Mon	thly Income							
	mate monthly i use unless you a		ate you file this form. If	you have nothing to I	report for	any	line, write \$0 in th	e space. Ir	nclude your no	n-filing
-		ing spouse have mo a separate sheet to	ore than one employer, co	ombine the information	on for all	empl	oyers for that pers	on on the	lines below. If	you need
							For Debtor 1		btor 2 or ing spouse	
2.	•	• •	ry, and commissions (b calculate what the month	, ,	2.	\$	0.00	\$	0.00	
3.	Estimate and	list monthly overti	ime pay.		3.	+\$	0.00	+\$	0.00	
4.	Calculate gro	ess Income. Add lir	ne 2 + line 3.		4.	\$	0.00	\$	0.00	

Official Form B 6I Schedule I: Your Income page 1

Deb	tor 1	Gail Katherine Shanta	•	Case	number (if known)	13-15520	)	
	Сор	y line 4 here	4.	For	Debtor 1	For Deb	tor 2 or g spouse 0.00	
5.	List	all payroll deductions:						
0.	5a. 5b.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans	5a. 5b.	\$ \$	0.00	\$ \$	0.00	
	5c. 5d. 5e.	Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance	5c. 5d. 5e.	\$ \$	0.00 0.00 0.00	\$ \$	0.00 0.00 0.00	
	5f. 5g. 5h.	Domestic support obligations Union dues Other deductions. Specify:	5f. 5g. 5h.+	\$ <u></u>	0.00 0.00 0.00	\$ 	0.00 0.00 0.00	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	0.00	\$	0.00	
7.	Calc	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	\$	0.00	
8.	8b. 8c. 8d. 8e. 8f. 8g. 8h.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends  Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation  Social Security  Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  Pension or retirement income  Other monthly income. Specify:	8c. 8d. 8e.		4,875.00 0.00 0.00 0.00 500.00 0.00 0.00	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 0.00 0.00 0.00 1,505.00 0.00	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	5,375.00	\$	1,505.00	
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	;	5,375.00 + \$	1,505.0	<u>)0</u> = \$	6,880.00
11.	Incluothe	e all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your r friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not cify:	deper		•	ted in Sche	edule J. 1. +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines				ta, if it		6,880.00
13.	Do y	you expect an increase or decrease within the year after you file this form  No.	?				Combin- monthly	ed vincome

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Fill	in this information to identify your c	ase:						
Deh	otor 1 Gail Katherine	Shanta		Check	if this is:			
Dec	<u> </u>	Onanta	_	_	amended filing			
Deb	otor 2					post-petition chapter 13		
(Spo	ouse, if filing)				penses as of the follo			
Uni	ted States Bankruptcy Court for the:	EASTERN DISTRICT OF VIRGI	INIA	MM / DD / YYYY				
Cas	e number <b>13-15520</b>			Пλί	enerate filing for De	ebtor 2 because Debtor 2		
	known)				intains a separate ho			
Of	fficial Form B 6J							
Sc	chedule J: Your Exp	enses				12/13		
	as complete and accurate as possib							
	ormation. If more space is needed, known). Answer every question.	attach another sheet to this form. (	On the top of any addition	onal pages,	write your name ar	nd case number		
(11 1								
Part	1: Describe Your Household Is this a joint case?							
1.								
	No. Go to line 2.							
	Yes. Does Debtor 2 live in a so	eparate household?						
	□ No							
	☐ Yes. Debtor 2 must file	a separate Schedule J.						
2.	Do you have dependents?	No						
		Yes. Fill out this information for dependent	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?		
	Do not state the dependents'	ī				□ No		
	names.					☐ Yes		
						□ No		
						Yes		
						□ No		
						☐ Yes ☐ No		
						□ No □ Yes		
3.	Do your expenses include	■ No				L Tes		
	expenses of people other than	☐ Yes						
	yourself and your dependents?	<b>—</b> 163						
Part								
	imate your expenses as of your bar enses as of a date after the bankru							
•	enses as of a date after the bankru dicable date.	picy is med. If this is a supplement	iai Scheaule J, check the	oox at me	top of the form and	i iii iii tile		
	lude expenses paid for with non-ca h assistance and have included it o				Your expe	enses		
			<i>c</i>					
4.	and any rent for the ground or lot.	spenses for your residence. Include	first mortgage payments	4. \$		3,500.00		
	If not included in line 4:							
	4a. Real estate taxes			4a. \$		0.00		
	4b. Property, homeowner's, or i	enter's insurance		4b. \$		0.00		
	4c. Home maintenance, repair,	and upkeep expenses		4c. \$		0.00		
	4d. Homeowner's association o			4d. \$		0.00		
5.	Additional mortgage payments f	or vour residence, such as home equ	uity loans	5. \$		0.00		

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Debtor 1	Gail Katherine Shanta	Case number (if known	) <b>13-15520</b>
	ities:	C- 0	240.00
6a.	Electricity, heat, natural gas	6a. \$	210.00
6b.	Water, sewer, garbage collection	6b. \$	75.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c. \$	305.00
6d.	Other. Specify:	6d. \$	0.00
	d and housekeeping supplies	7. \$	950.00
	dcare and children's education costs	8. \$	0.00
	thing, laundry, and dry cleaning	9. \$	280.00
	sonal care products and services	10. \$	90.00
	lical and dental expenses	11. \$	160.00
	<b>nsportation.</b> Include gas, maintenance, bus or train fare.	12 ¢	425.00
	not include car payments.	12. \$	
	ertainment, clubs, recreation, newspapers, magazines, and books	13. \$	90.00
	ritable contributions and religious donations	14. \$	0.00
	irance.		
Do r 15a.	not include insurance deducted from your pay or included in lines 4 or 20.  Life insurance	15a. \$	0.00
		· —	0.00
15b.		15b. \$	0.00
15c.		15c. \$	80.00
	Other insurance. Specify:	15d. \$	0.00
	es. Do not include taxes deducted from your pay or included in lines 4 or 20.	16 0	00.00
	ify: Property Taxes	16. \$	20.00
	allment or lease payments:	17 h	0.00
17a.	1 2	17a. \$	0.00
17b.	1 2	17b. \$	0.00
17c.	1 2	17c. \$	0.00
	Other. Specify:	17d. \$	0.00
	r payments of alimony, maintenance, and support that you did not report as ded	ucted 18. \$	0.00
	n your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 6I). er payments you make to support others who do not live with you.	\$	
		19.	0.00
Spec			
0. <b>Oth</b> 20a.	er real property expenses not included in lines 4 or 5 of this form or on <i>Schedule</i> Mortgages on other property	20a. \$	0.00
20b.		20b. \$	0.00
20c.		20c. \$	0.00
20d.	• •		
		20d. \$	0.00
20e.		20e. \$	0.00
1. <b>Oth</b>	er: Specify:	21. +\$	0.00
2. You	r monthly expenses. Add lines 4 through 21.	22. \$	6,185.00
	result is your monthly expenses.		
3. Calo	culate your monthly net income.		
23a.	·	23a. \$	6,880.00
23b.	**	23b\$	6,185.00
23c.	Subtract your monthly expenses from your monthly income.		
	The result is your monthly net income.	23c. \$	695.00
For e	you expect an increase or decrease in your expenses within the year after you file example, do you expect to finish paying for your car loan within the year or do you expect your mortgage?	this form?	
П	Yes. Explain:		

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B6 Declaration (Official Form 6 - Declaration). (12/07)

# **United States Bankruptcy Court Eastern District of Virginia**

In re	Gail Katherine Shanta			Case No.	13-15520			
			Debtor(s)	Chapter	13			
	DECLARATION CO	ONCERN	ING DEBTOR'S SO	CHEDULI	ES			
	DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR							
I declare under penalty of perjury that I have read the foregoing summary and schedules, consist sheets, and that they are true and correct to the best of my knowledge, information, and belief.								
Date	January 4, 2014	Signature	/s/ Gail Katherine Shanta	ta				

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

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B7 (Official Form 7) (04/13)

## United States Bankruptcy Court Eastern District of Virginia

In re	Gail Katherine Shanta		Case No.	13-15520
		Debtor(s)	Chapter	13

#### STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

#### **DEFINITIONS**

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

#### 1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

\$70,000.00 Gross Receipts - 2013

\$0.00 Household Income - 2012 (negative \$119,000 )
\$0.00 Household Income - 2011 ( negative \$99,754.00 )

#### 2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

\$36,000.00 Rental Income - 2013

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B7 (Official Form 7) (04/13)

2

AMOUNT SOURCE

\$24,060.00 Social Security - 2013

#### 3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS DATES OF AMOUNT STILL PAYMENTS AMOUNT PAID OWING

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225\*. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT
DATES OF PAID OR
PAYMENTS/ VALUE OF AMOUNT STILL
NAME AND ADDRESS OF CREDITOR TRANSFERS TRANSFERS OWING

None

c. All debtors: List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR

DATE OF PAYMENT

AMOUNT PAID

AMOUNT STILL OWING

#### 4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT NATURE OF COURT OR AGENCY STATUS OR AND CASE NUMBER PROCEEDING AND LOCATION DISPOSITION

None

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not

filed.)

DESCRIPTION AND VALUE OF DATE OF SEIZURE PROPERTY

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED

<sup>\*</sup> Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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#### 5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN

DESCRIPTION AND VALUE OF PROPERTY

#### 6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE

DATE OF ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

None b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately

preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN NAME AND LOCATION OF COURT CASE TITLE & NUMBER

DATE OF ORDER DESCRIPTION AND VALUE OF

PROPERTY

#### 7. Gifts

None

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION

RELATIONSHIP TO DEBTOR, IF ANY

DATE OF GIFT

DESCRIPTION AND VALUE OF GIFT

#### 8. Losses

None

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

#### 9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE

Nathan Fisher 3977 Chain Bridge Rd., #2 Fairfax, VA 22030-3308 DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR December 2013 AMOUNT OF MONEY
OR DESCRIPTION AND VALUE
OF PROPERTY
\$500.00

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NAME AND ADDRESS OF PAYEE

DECAF 114 Goliad Street Fort Worth, TX 76126 DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR December 2013 AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

\$30.00

#### 10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

None b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER

DEVICE

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST

IN PROPERTY

#### 11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION

TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

### 12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY

DESCRIPTION OF CONTENTS

DATE OF TRANSFER OR SURRENDER, IF ANY

#### 13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

#### 14. Property held for another person

None

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER

DESCRIPTION AND VALUE OF PROPERTY

LOCATION OF PROPERTY

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#### 15. Prior address of debtor

None

If the debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

**ADDRESS** NAME USED DATES OF OCCUPANCY

#### 16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

#### 17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

NAME AND ADDRESS OF DATE OF **ENVIRONMENTAL** SITE NAME AND ADDRESS

GOVERNMENTAL UNIT NOTICE LAW

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

NAME AND ADDRESS OF **ENVIRONMENTAL** DATE OF

SITE NAME AND ADDRESS GOVERNMENTAL UNIT NOTICE LAW

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which None

the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

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#### 18. Nature, location and name of business

None П

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six **years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

> LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO.

**ADDRESS** (ITIN)/ COMPLETE EIN

3711 McLean Avenue Fairfax, VA 22030

NATURE OF BUSINESS

**Music Instruction &** Video

**ENDING DATES** 2001-2013

**BEGINNING AND** 

Touch of Elegance / Ace Video

None b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME

ADDRESS NAME

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within six years immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

#### 19. Books, records and financial statements

a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS

DATES SERVICES RENDERED

b. List all firms or individuals who within the two years immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME

**ADDRESS** 

DATES SERVICES RENDERED

None

c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME **ADDRESS** 

None d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within two years immediately preceding the commencement of this case.

NAME AND ADDRESS DATE ISSUED

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#### 20. Inventories

None

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)

b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

DATE OF INVENTORY

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS

#### 21. Current Partners, Officers, Directors and Shareholders

None

a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns,

controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE OF STOCK OWNERSHIP

#### 22. Former partners, officers, directors and shareholders

None

a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME

None

**ADDRESS** 

DATE OF WITHDRAWAL

b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS

TITLE

DATE OF TERMINATION

#### 23. Withdrawals from a partnership or distributions by a corporation

None

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR

DATE AND PURPOSE OF WITHDRAWAL

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

### 24. Tax Consolidation Group.

None

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

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#### 25. Pension Funds.

None

If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

\*\*\*\*

#### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date January 4, 2014
Signature / Signature Gail Katherine Shanta
Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

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Form B203

2005 USBC, Eastern District of Virginia

## **United States Bankruptcy Court** Eastern District of Virginia

In 1	In re Gail Katherine Shanta	Case No.	13-15520
	Debtor(s)	Chapter	13
	DISCLOSURE OF COMPENSATION OF ATTORNEY	FOR DE	BTOR(S)
1.	Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attroompensation paid to me, for services rendered or to be rendered on behalf of the debtor(s) bankruptcy case is as follows:		
	For legal services, I have agreed to accept \$		3,000.00
	Prior to the filing of this statement I have received \$	<u> </u>	500.00
	Balance Due S		2,500.00
2.	The source of the compensation paid to me was:		
	$\blacksquare$ Debtor $\square$ Other (specify)		
3.	The source of compensation to be paid to me is:		
	■ Debtor $\square$ Other (specify)		
4.	■ I have not agreed to share the above-disclosed compensation with any other person unless the	ney are memb	ers and associates of my law firm
	☐ I have agreed to share the above-disclosed compensation with a person or persons who are a copy of the agreement, together with a list of the names of the people sharing in the compensation.		
5.	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the la. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any add. Other provisions as needed:  Negotiations with secured creditors to reduce to market value; exemption planter reaffirmation agreements and applications as needed; preparation and filing of 522(f)(2)(A) for avoidance of liens on household goods.	g whether to for required; djourned hear nning; prepa	ile a petition in bankruptcy; ings thereof; aration and filing of
6.	By agreement with the debtor(s), the above-disclosed fee does not include the following service	s:	

6

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

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Form B203 - Continued

#### CERTIFICATION

2005 USBC, Eastern District of Virginia

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

January 4, 2014	/s/ Nathan Fisher
Date	Nathan Fisher 37161
	Signature of Attorney
	Nathan Fisher
	Name of Law Firm
	3977 Chain Bridge Rd., Suite #2
	Fairfax, VA 22030
	(703) 691-1642

For use in Chapter 13 Cases where Fees Requested Not in Excess of \$3,000 (For all Cases Filed on or after 10/17/2005)

NOTICE TO DEBTOR(S) AND STANDING TRUSTEE PURSUANT TO INTERIM PROCEDURE 2016-1(C)(7)

Notice is hereby given that pursuant to Local Bankruptcy Rule 2016-1(C)(7)(a), you have ten (10) business days from the meeting of creditors in this case in which to file an objection with the court to the fees requested in this disclosure of compensation opposing said fees in their entirety, or in a specific amount.

#### PROOF OF SERVICE

The undersigned hereby certifies that on this date the foregoing Notice was served upon the debtor(s), the standing Chapter 13 Trustee, and U. S. Trustee pursuant to Interim Procedure 2016-1(C)(7)(a) and Local Bankruptcy Rule 2002-1(D)(1)(f), by first-class mail or electronically.

January 4, 2014	/s/ Nathan Fisher
Date	Nathan Fisher 37161
	Signature of Attorney

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B 22C (Official Form 22C) (Chapter 13) (04/13)

In re	Gail Ka	therine Shanta	According to the calculations required by this statement:
		Debtor(s)	■ The applicable commitment period is 3 years.
Case Nu	umber:	13-15520	— ☐ The applicable commitment period is 5 years.
		(If known)	☐ Disposable income is determined under § 1325(b)(3).
			■ Disposable income is not determined under § 1325(b)(3).
			(Check the boxes as directed in Lines 17 and 23 of this statement.)

## CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

	Part I	. REPORT OF IN	COME					
1	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed. a. □ Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10.							
	b. Married. Complete both Column A ("Debtor's	Income") and Co	lumn B ("Spouse's Incor	me'') for Lines 2-10.				
	All figures must reflect average monthly income recei				Column A		Column B	
	calendar months prior to filing the bankruptcy case, et the filing. If the amount of monthly income varied du				Debtor's		Spouse's	
	six-month total by six, and enter the result on the appr		, you must divide the		Income		Income	
2	Gross wages, salary, tips, bonuses, overtime, comm	issions.		\$	0.00	\$	0.00	
3	Income from the operation of a business, profession, or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 3. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part IV.							
		Debtor	Spouse					
	a. Gross receipts \$	5,200.00						
	b. Ordinary and necessary business expenses \$ c. Business income \$	2,200.00 ubtract Line b from		\$	3,000.00	ф	0.00	
4	Rents and other real property income. Subtract Lin the appropriate column(s) of Line 4. Do not enter a n part of the operating expenses entered on Line b as	umber less than zer	o. Do not include any					
-	a. Gross receipts \$							
	b. Ordinary and necessary operating expenses \$	0.00	\$ 0.00					
	c. Rent and other real property income	Subtract Line b from	n Line a	\$	875.00	\$	0.00	
5	Interest, dividends, and royalties.			\$	0.00	\$	0.00	
6	Pension and retirement income.			\$	0.00	\$	0.00	
7	Any amounts paid by another person or entity, on expenses of the debtor or the debtor's dependents, purpose. Do not include alimony or separate mainter debtor's spouse. Each regular payment should be repolisted in Column A, do not report that payment in Col	\$	0.00	\$	0.00			
8	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:							
	Unemployment compensation claimed to be a benefit under the Social Security Act Debtor \$	<b>500.00</b> S <sub>1</sub>	oouse \$ 1,505.00	\$	0.00	\$	0.00	

9	Income from all other sources. Specify source and amount. If necessary, li on a separate page. Total and enter on Line 9. Do not include alimony or semaintenance payments paid by your spouse, but include all other payment separate maintenance. Do not include any benefits received under the Sociapayments received as a victim of a war crime, crime against humanity, or as a international or domestic terrorism.					
	Debtor	Spouse				
	a.   \$   \$   \$   \$   \$   \$   \$   \$   \$		\$ 0.00	\$	0.00	
10	<b>Subtotal.</b> Add Lines 2 thru 9 in Column A, and, if Column B is completed, a in Column B. Enter the total(s).	add Lines 2 through 9	\$ 3,875.00	\$	0.00	
11	<b>Total.</b> If Column B has been completed, add Line 10, Column A to Line 10, the total. If Column B has not been completed, enter the amount from Line 10.		\$		3,875.00	
	Part II. CALCULATION OF § 1325(b)(4) Co	OMMITMENT F	PERIOD			
12	Enter the amount from Line 11			\$	3,875.00	
13	Marital Adjustment. If you are married, but are not filing jointly with your calculation of the commitment period under § 1325(b)(4) does not require in enter on Line 13 the amount of the income listed in Line 10, Column B that the household expenses of you or your dependents and specify, in the lines be income (such as payment of the spouse's tax liability or the spouse's supported debtor's dependents) and the amount of income devoted to each purpose. If the on a separate page. If the conditions for entering this adjustment do not apple a.    S	iclusion of the income was NOT paid on a regular pelow, the basis for excord persons other than the necessary, list addition	of your spouse, gular basis for luding this he debtor or the			
	c. \$					
	Total and enter on Line 13			\$	0.00	
14	Subtract Line 13 from Line 12 and enter the result.			\$	3,875.00	
15	Annualized current monthly income for § 1325(b)(4). Multiply the amount enter the result.	nt from Line 14 by the		\$	46,500.00	
16	<b>Applicable median family income.</b> Enter the median family income for applinformation is available by family size at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the cle					
	a. Enter debtor's state of residence: VA b. Enter debtor's	s household size:	2	\$	65,510.00	
17	<ul> <li>Application of § 1325(b)(4). Check the applicable box and proceed as direct</li> <li>■ The amount on Line 15 is less than the amount on Line 16. Check the top of page 1 of this statement and continue with this statement.</li> <li>□ The amount on Line 15 is not less than the amount on Line 16. Check at the top of page 1 of this statement and continue with this statement.</li> </ul>	box for "The applicab				
	Part III. APPLICATION OF § 1325(b)(3) FOR DETERM	MINING DISPOSABI	LE INCOME			
18	Enter the amount from Line 11.			\$	3,875.00	
19	Marital Adjustment. If you are married, but are not filing jointly with your spouse, enter on Line 19 the total of any income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income(such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.  [a]					
	b. \$					
	c. \$ Total and enter on Line 19.			ው ተ	0.00	
20		and anton th1t		\$	0.00	
20	<b>Current monthly income for § 1325(b)(3).</b> Subtract Line 19 from Line 18 a	ma emer me resuit.		\$	3,875.00	

21		lized current monthly inc ne result.	ome for § 1325(b)(3). N	Aultip	oly the a	mount from Line 2	20 by the number 12 and	\$	46,500.00
22	Applicable median family income. Enter the amount from Line 16.				\$	65,510.00			
23	Application of § 1325(b)(3). Check the applicable box and proceed as directed.  ☐ The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is determ 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement.  ☐ The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. Do not complete Part						t deterr	mined under §	
			ALCULATION (						
		Subpart A: Do	eductions under Star	ıdar	ds of th	ne Internal Reve	enue Service (IRS)		
24A 24B	Enter is applicated bankru on you not of Out-of-Out-of-www.u who ar older. (be allow you supplied bankru of the su	al Standards: food, appar in Line 24A the "Total" ame able number of persons. (Toptcy court.) The applicable in federal income tax return, all Standards: health care -Pocket Health Care for per- -Pocket Health Care for	bunt from IRS National chis information is availal number of persons is the plus the number of any.  Enter in Line all below as a sons 65 years of age or lerk of the bankruptcy of denter in Line b2 the appersons in each age cate of federal income tax returns to be the persons of the bankruptcy of the persons in each age cate of the bankruptcy of the persons in each age cate of the bankruptcy of the persons in each age cate of the bankruptcy of the persons in each age cate of the bankruptcy of the persons in each age cate of the bankruptcy of the persons in each age cate of the bankruptcy of the persons in each age cate of the bankruptcy of the bankrupt	Standable at le nume addition the a lage, a la	lards for t www.u nber that tional de tional d	Allowable Living asdoj.gov/ust/ or from twould currently be ependents whom you from IRS National time a2 the IRS National in Line b1 the appliable of persons who imber in that categumber of any additional persons under 65,	Expenses for the om the clerk of the per allowed as exemptions ou support.  Standards for onal Standards for able at cable number of persons of are 65 years of age or ory that would currently tional dependents whom and enter the result in	\$	
	c2. Add	d Lines c1 and c2 to obtain		ınt, aı	nd enter	the result in Line	24B.		
	a1.	Allowance per person		a2.		years of age or old	ler 		
	b1.	Number of persons		b2.		er of persons			
	c1.	Subtotal		c2.	Subtot			\$	
25A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is					\$			
25B	not enter an amount less than zero.  a. IRS Housing and Utilities Standards; mortgage/rent expense \$ b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47 \$						\$		
26	c. Net mortgage/rental expense  Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 25A and 25B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:						\$		

	Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.  Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are				
27A	check the number of vehicles for which you pay the operating expension included as a contribution to your household expenses in Line 7. $\square$ 0				
	If you checked 0, enter on Line 27A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 27A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)				
27B	<b>Local Standards: transportation; additional public transportation expense.</b> If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 27B the "Public Transportation" amount from the IRS Local Standards: Transportation. (This amount is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)				
28	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)   1				
	a. IRS Transportation Standards, Ownership Costs  Average Monthly Payment for any debts secured by Vehicle	\$			
	b. 1, as stated in Line 47	\$			
	c. Net ownership/lease expense for Vehicle 1 Subtract Line b from Line a.				
29	Local Standards: transportation ownership/lease expense; Vehicle the "2 or more" Box in Line 28.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy Monthly Payments for any debts secured by Vehicle 2, as stated in Lithe result in Line 29. Do not enter an amount less than zero.				
	a. IRS Transportation Standards, Ownership Costs	\$			
	Average Monthly Payment for any debts secured by Vehicle b. 2, as stated in Line 47	\$			
	c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$		
30	Other Necessary Expenses: taxes. Enter the total average monthly e state, and local taxes, other than real estate and sales taxes, such as in security taxes, and Medicare taxes. Do not include real estate or sales	come taxes, self employment taxes, social	\$		
31	Other Necessary Expenses: involuntary deductions for employment deductions that are required for your employment, such as mandatory uniform costs. Do not include discretionary amounts, such as voluntary deductions for employment are required for your employment, such as mandatory uniform costs.	retirement contributions, union dues, and	\$		
32	Other Necessary Expenses: life insurance. Enter total average mon life insurance for yourself. Do not include premiums for insurance any other form of insurance.		\$		
33	Other Necessary Expenses: court-ordered payments. Enter the tot pay pursuant to the order of a court or administrative agency, such as include payments on past due obligations included in line 49.		\$		
34	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.				
35	Other Necessary Expenses: childcare. Enter the total average mont childcare - such as baby-sitting, day care, nursery and preschool. <b>Do</b>		\$		
36	Other Necessary Expenses: health care. Enter the total average mo health care that is required for the health and welfare of yourself or yoursurance or paid by a health savings account, and that is in excess of include payments for health insurance or health savings accounts	onthly amount that you actually expend on our dependents, that is not reimbursed by the amount entered in Line 24B. <b>Do not</b>	\$		

actually pay for telecommunication services other than your basic nome telephone and pagers, call waiting, caller id, special long distance, or internet service-to the extent nowledge with the categories set out in lines a-c below that are reasonably necessary for yourself, you dependents.  38  Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through  Subpart B: Additional Living Expense De  Note: Do not include any expenses that you have list the categories set out in lines a-c below that are reasonably necessary for yourself, you dependents.  39  [a.] Health Insurance \$	d. 37. eductions sted in Lines 24-37 List the monthly expenses in	\$ \$			
38 Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through  Subpart B: Additional Living Expense De  Note: Do not include any expenses that you have lis  Health Insurance, Disability Insurance, and Health Savings Account Expenses. I the categories set out in lines a-c below that are reasonably necessary for yourself, you dependents.	237.  Eductions  Sted in Lines 24-37  List the monthly expenses in				
Subpart B: Additional Living Expense De Note: Do not include any expenses that you have lis  Health Insurance, Disability Insurance, and Health Savings Account Expenses. I the categories set out in lines a-c below that are reasonably necessary for yourself, you dependents.	eductions sted in Lines 24-37 List the monthly expenses in	,			
Note: Do not include any expenses that you have list  Health Insurance, Disability Insurance, and Health Savings Account Expenses. I the categories set out in lines a-c below that are reasonably necessary for yourself, you dependents.	sted in Lines 24-37 List the monthly expenses in				
Health Insurance, Disability Insurance, and Health Savings Account Expenses. I the categories set out in lines a-c below that are reasonably necessary for yourself, you dependents.	List the monthly expenses in				
39 a Health Insurance \$		Í			
— Поши поминее  —					
b. Disability Insurance \$					
c. Health Savings Account \$					
Total and enter on Line 39		\$			
If you do not actually expend this total amount, state your actual total average mon below:  \$	thly expenditures in the space				
Continued contributions to the care of household or family members. Enter the to expenses that you will continue to pay for the reasonable and necessary care and supp ill, or disabled member of your household or member of your immediate family who i expenses. Do not include payments listed in Line 34.	port of an elderly, chronically	\$			
actually incur to maintain the safety of your family under the Family Violence Preven	<b>Protection against family violence.</b> Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.				
Home energy costs. Enter the total average monthly amount, in excess of the alloward Standards for Housing and Utilities that you actually expend for home energy costs. It trustee with documentation of your actual expenses, and you must demonstrate the claimed is reasonable and necessary.	You must provide your case	\$			
Education expenses for dependent children under 18. Enter the total average mont actually incur, not to exceed \$156.25 per child, for attendance at a private or public el school by your dependent children less than 18 years of age. You must provide your documentation of your actual expenses, and you must explain why the amount clanecessary and not already accounted for in the IRS Standards.	lementary or secondary case trustee with	\$			
expenses exceed the combined allowances for food and clothing (apparel and services Standards, not to exceed 5% of those combined allowances. (This information is available)	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.				
contributions in the form of cash or financial instruments to a charitable organization	Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). Do not include any amount in excess of 15% of your gross monthly income.				
46 <b>Total Additional Expense Deductions under § 707(b).</b> Enter the total of Lines 39 th	hrough 45.	\$			

			Subpart C: Deductions for De	bt Payment		
Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 47.						
Name of Creditor Property Securing the Debt Average Monthly include taxes Payment or insurance						
	a.			\$ Total: Add Lin	□yes □no	\$
48	motor v your de paymen sums in the follo	vehicle, or other property eduction 1/60th of any ar- nts listed in Line 47, in on the default that must be pain	aims. If any of debts listed in Line 47 are set a necessary for your support or the support of mount (the "cure amount") that you must pay order to maintain possession of the property. It is in order to avoid repossession or foreclosury, list additional entries on a separate page.  Property Securing the Debt	your dependents the creditor in ad The cure amount vere. List and total	you may include in dition to the would include any	
	a.	value of Cicultor	Troperty securing the Best	\$	of the Cure Amount	
					Total: Add Lines	\$
49	Chapte resultin	lude current obligation er 13 administrative expense g administrative expense		amount in Line b		\$
50	b.	Current multiplier for y issued by the Executive information is available the bankruptcy court.)	thly Chapter 13 plan payment. Four district as determined under schedules of Office for United States Trustees. (This e at www.usdoj.gov/ust/ or from the clerk of	x		
	c.		nistrative expense of chapter 13 case	Total: Multiply	Lines a and b	\$
51	Total L	Deductions for Debt Pay	yment. Enter the total of Lines 47 through 5			\$
			Subpart D: Total Deductions f	rom Income		
52	Total o	of all deductions from in	<b>ncome.</b> Enter the total of Lines 38, 46, and 5	1.		\$
		Part V. DETEI	RMINATION OF DISPOSABLE I	NCOME UN	DER § 1325(b)(2	)
53	Total c	current monthly income	e. Enter the amount from Line 20.			\$
54	<b>Support income.</b> Enter the monthly average of any child support payments, foster care payments, or disability					
55	wages a	as contributions for qual	ns. Enter the monthly total of (a) all amount ified retirement plans, as specified in § 541(b) specified in § 362(b)(19).			\$
56	Total o	of all deductions allowed	d under § 707(b)(2). Enter the amount from	Line 52.		\$

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57	Deduction for special circumstances. If there are special circumstances is no reasonable alternative, describe the special circumsta. If necessary, list additional entries on a separate page. Total the provide your case trustee with documentation of these expens of the special circumstances that make such expense necessary.  Nature of special circumstances  a.  b.  c.	ances and the resulting expenses in lines a-c beloexpenses and enter the total in Line 57. You muses and you must provide a detailed explanating and reasonable.  Amount of Expense  \$ \$ \$ \$	ow. nust
58	Total adjustments to determine disposable income. Add the a result.	Total: Add Lines amounts on Lines 54, 55, 56, and 57 and enter the	\$ he \$
59	Monthly Disposable Income Under § 1325(b)(2). Subtract Lis	ne 58 from Line 53 and enter the result.	\$
	Part VI. ADDITIONA	L EXPENSE CLAIMS	
	Other Expenses. List and describe any monthly expenses, not of you and your family and that you contend should be an addit 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a sepeach item. Total the expenses.	ional deduction from your current monthly inco parate page. All figures should reflect your aver	me under § rage monthly expense for
60	Expense Description	Monthly Amo	unt
	a. b.	\$ \$	
	c.	\$	
	d.	\$	
	Total: Add Lines	s a, b, c and d \$	
	Part VII. VE	RIFICATION	
61	I declare under penalty of perjury that the information provided must sign.)  Date: January 4, 2014	in this statement is true and correct. (If this is a Signature:  //s/ Gail Katherine Shanta	nta
		Gall Katherine Shanta (Debtor)	1